


**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
 SACRAMENTO, CA 95811-4037  
 TTY/TDD (800) 735-2929  
 (916) 322-7012

**ADP BULLETIN**

<b>Title</b>  Substance Abuse Prevention and Treatment Block Grant HIV Early Intervention Services		<b>Issue Date:</b> 04-15-13  <b>Expiration Date:</b> N/A	<b>Issue No.</b>  13 - 03
<b>Deputy Director Approval</b>   dave neilsen Deputy Director Program Services Division	<b>Function:</b> <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input checked="" type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input type="checkbox"/> Administration <input type="checkbox"/>	<b>Supersedes Bulletin/ADP Letter No.</b>	

**PURPOSE**

This Bulletin contains information on federal HIV policy changes and how these changes impact Substance Abuse Prevention and Treatment (SAPT) Block Grant HIV Set-Aside Early Intervention Services (EIS) service delivery. Topics covered in this bulletin include: 1) The National HIV/AIDS Strategy; 2) New Opportunities for Addressing Viral Hepatitis; 3) and HIV Early Intervention Services Good Practices.

**DISCUSSION****The National HIV/AIDS Strategy**

In 2010, President Obama presented the *National HIV/AIDS Strategy (NHAS)*, the country's first comprehensive approach for addressing the HIV/AIDS epidemic. The NHAS' plan directs resources to populations with a high HIV prevalence, to identify those newly infected, get them into medical care, and through treatment, reduce their HIV viral load. This "treatment as prevention" approach has been found to have a dramatic impact on the spread of HIV: a recent clinical trial showed that treating people living with HIV early reduces the risk of transmitting the virus to others by 96 percent.<sup>1</sup>

In order to identify new infections, the NHAS calls for narrower public health testing efforts, focusing on the individuals at the center of the epidemic, such as men who have sex with men (MSM), injection drug users (IDUs) and transgender individuals, and those

<sup>1</sup> Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 Infection with Early Antiretroviral Therapy. The HPTN 052 Study Team. N Engl J Med 2011. doi: 10.1056/nejmoa1105243



disproportionately affected by the epidemic, primarily African Americans and Latinos. The NHAS also calls on agencies to redirect HIV prevention funding away from geographic areas with few cases of HIV/AIDS to those areas that are most impacted by HIV/AIDS in order to curb the spread of the epidemic.

For counties and providers that offer HIV EIS, this means directing resources to populations where HIV is most concentrated, targeting HIV tests to high-risk populations such as MSMs, communities of color, and IDUs, and expanding outreach services for IDUs.

For counties with a low prevalence of HIV, this means using HIV EIS funds for medical care for those already living with HIV, scaling up education and other prevention efforts to reduce the transmission of infectious diseases through viral hepatitis testing, particularly hepatitis C (HCV), as well as providing outreach services for out-of-treatment IDUs (1).

### **New Opportunities for Addressing Viral Hepatitis**

Reducing the burden of HCV infection and HCV-related disease in California requires implementation of primary prevention activities that reduce risks for contracting HCV infection and secondary prevention activities that reduce risks for liver and other chronic diseases in HCV-infected persons. The Centers for Disease Control (CDC) and the California Department of Public Health (CDPH) both recommend HCV testing for all alcohol and other drug (AOD) clients who report ever having used injection drugs.

For more information on preventing and treating viral hepatitis infections, see the U.S. Department of Health and Human Services' *Combating the Silent Epidemic: Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis* (2), *TIP 53: Addressing Viral Hepatitis in People With Substance Use Disorders* (3), and CDPH, Office of AIDS, *Hepatitis C Testing in Non-Health Care Settings*, 2012 (4).

### **HIV Set-Aside Good Practices**

HIV set-aside funding is to be spent to help prevent HIV by targeting at-risk individuals with counseling and testing, linking HIV-positive individuals to care (treatment), retaining these same individuals in HIV care, and when appropriate, funding that care as well as providing viral hepatitis testing to those not at high risk for HIV infection. Counties that use HIV Set-Aside funding should:

#### **1. Understand HIV Set-Aside funding activities include:**

- a. Limiting HIV testing to individuals at higher risk of HIV infection;
- b. Testing individuals in drug treatment for viral hepatitis and other infectious diseases, regardless of risk of HIV infection;
- c. Outreach to out-of-treatment IDUs, which include HIV, viral hepatitis, and other infectious disease testing;

- d. Care for HIV-positive individuals in treatment, including transportation to medical appointments, medical case management, and patient navigation assistance to retain patients in HIV care;

San Diego County is an example of a county that effectively targets HIV EIS funds. Both the AOD department and the local health department subcontract their HIV counseling and testing activities to the same local agency, which documents its HIV-related activities in the state public health database. This helps share information across programs and helps to eliminate gaps and overlaps in programs. When data shows that many individuals are testing positive at one particular drug treatment program, the local agency is able to step up its services. When data show that no HIV positive results have been delivered at another site, the agency is able to redirect its services to drug treatment programs that serve higher need individuals.

## **2. Encourage contractors and other local providers to collect data on sexual orientation.**

The overwhelming majority of HIV infections in the U.S. are among MSMs and communities of color. HIV prevention efforts by AOD providers should target MSM and communities of color for testing services.

## **3. Use data to drive decision-making.**

By including information about sexual orientation on drug and alcohol treatment intake forms and by doing data runs to understand where IDUs and MSM are receiving treatment, programs can better reach individuals at risk for HIV.

If an AOD program has found <1 percent HIV positivity among its HIV-testing clients, then resources should be redirected to other preventive services.

Less populous counties should focus on using HIV set-aside funds for HCV testing, other sexually transmitted disease (STD) testing, and care for HIV positive individuals. Since HIV prevalence in these counties is normally very low, HIV testing is unlikely to identify HIV positive individuals, but other types of testing (viral hepatitis, TB, and other STDs) are very valuable for patients, including those living with HIV. Working with the local health department is very important in less populous counties as the health department can coordinate education and other prevention efforts, including infectious disease testing, viral hepatitis testing, and outreach services for out-of-treatment IDUs.

#### **4. Use California Department of Public Health Resources.**

The CDPH has detailed information about where HIV testing and treatment is most needed and where funding these services can have the biggest impact on local public health. In addition, CDPH has resources available to combat the spread of viral hepatitis and other infectious diseases.

Many licensed healthcare professionals can already perform rapid HIV and HCV tests as part of their regular scope of medical practice. Examples of health professionals permitted to perform rapid HIV/HCV testing include: physicians, nurse practitioners, registered nurses, pharmacists and pharmacy student interns, and licensed vocational nurses (LVNs).<sup>2</sup>

For HIV-related questions please contact Alessandra Ross, MPH, at [Alessandra.Ross@cdph.ca.gov](mailto:Alessandra.Ross@cdph.ca.gov). For adult viral hepatitis questions, please contact Rachel McLean, MPH, at [Rachel.McLean@cdph.ca.gov](mailto:Rachel.McLean@cdph.ca.gov).

#### **REFERENCES**

1. Substance Abuse Prevention and Treatment Block Grant HIV Early Intervention Services Program Overview  
[http://www.tie.samhsa.gov/HIV\\_Early\\_Intervention/overview.html](http://www.tie.samhsa.gov/HIV_Early_Intervention/overview.html)
2. Combating the Silent Epidemic: Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis  
[http://www.hhs.gov/ash/initiatives/hepatitis/actionplan\\_viralhepatitis2011.pdf](http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf)
3. TIP 53: Addressing Viral Hepatitis in People With Substance Use Disorders  
<http://store.samhsa.gov/product/TIP-53-Addressing-Viral-Hepatitis-in-People-With-Substance-Use-Disorders/SMA11-4656>
4. Hepatitis C Testing in Non-Health Care Settings: Guidelines for Site Supervisors and Testing Coordinators, 2012.  
<http://www.cdph.ca.gov/programs/aids/Documents/HepatitisCTestinginNon-HealthcareSettings2012.final.pdf>
5. Applying the Substance Confidentiality Regulations 42 CFR (Revised)  
[http://www.samhsa.gov/about/laws/SAMHSA\\_42CFRPART2FAQII\\_Revised.pdf](http://www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf)
6. Centers for Disease Control and Prevention – information for the public and health professionals on viral hepatitis: [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)
7. California Department of Public Health, Office of Viral Hepatitis Prevention: [www.cdph.ca.gov/programs/pages/ovhp.aspx](http://www.cdph.ca.gov/programs/pages/ovhp.aspx)
8. CDPH, Office of AIDS, Hepatitis C Testing Guidelines page:  
<http://www.cdph.ca.gov/programs/aids/Pages/HCVTestingNonHealthcare.aspx>

<sup>2</sup>For a complete list, see California Business & Professions Code Section 1206.5. Training requirements for LVNs are described in California Business and Professions Code Section 1242.6.

9. High Impact HIV Prevention: CDC's Approach to Reducing HIV in the United States [http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas\\_booklet.pdf](http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf)

## BACKGROUND

In the past, the Substance Abuse Mental Health Services Administration (SAMHSA) only allowed infectious disease testing (such as HCV) for persons living with HIV. SAMHSA now allows HIV EIS funds to be used for infectious disease testing of those in AOD treatment, but not HIV positive.

## QUESTIONS/MAINTENANCE

For questions regarding HIV Set-Aside funds or the contents of this bulletin, please contact:

Ann Michaels, M.A.  
HIV Coordinator and Policy Analyst  
Program Fiscal and Policy Branch  
Program Services Division, Treatment  
(916) 324-3085  
[amichaels@adp.ca.gov](mailto:amichaels@adp.ca.gov)

## EXHIBITS

None

## DISTRIBUTION

County Alcohol and Drug Program Administrators  
Strategic Local Government Services, LLC  
Director's Advisory Council  
Drug-Medical Direct Contract Providers